### UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF VIRGINIA

21-30372

### CHAPTER 13 PLAN AND RELATED MOTIONS

Name of Debtor(s	s): Alsna Shuvonda Sauls	Case No:
This plan, dated _	February 4, 2021 , is:	
) 	the <i>first</i> Chapter 13 plan filed in this case.  a modified Plan, which replaces the □confirmed or □ unconfirmed Plan dated  Date and Time of Modified Plan Confirmation Hearing:	
	Place of Modified Plan Confirmation Hearing: ——	
,	The Plan provisions modified by this filing are:	
•	Creditors affected by this modification are:	
1. Notices		

Your rights may be affected by this plan. Your claim may be reduced, modified, or eliminated. You should read this plan carefully and discuss it with your attorney if you have one in this bankruptcy case. If you do not have an attorney, you may wish to consult one.

If you oppose the plan's treatment of your claim or any provision of this plan, you or your attorney must file an objection to confirmation at least 7 days before the date set for the hearing on confirmation, unless otherwise ordered by the Bankruptcy Court.

(1) Richmond and Alexandria Divisions:

**To Creditors:** 

The Bankruptcy Court may confirm this plan without further notice if no objection to confirmation is filed.

- (2) Norfolk and Newport News Divisions: a confirmation hearing will be held even if no objections have been filed.
  - (a) A scheduled confirmation hearing will not be convened when:
    - (1) an amended plan is filed prior to the scheduled confirmation hearing; or
    - (2) a consent resolution to an objection to confirmation anticipates the filing of an amended plan and the objecting party removes the scheduled confirmation hearing prior to 3:00 pm on the last business day before the confirmation hearing.

In addition, you may need to file a timely proof of claim in order to be paid under any plan.

The following matters may be of particular importance.

Debtors must check one box on each line to state whether or not the plan includes each of the following items. If an item is checked as "Not Included" or if both boxes are checked, the provision will be ineffective if set out later in the plan.

<b>A.</b>	A limit on the amount of a secured claim, set out in Section 4.A which may	☐ Included	■ Not included
	result in a partial payment or no payment at all to the secured creditor		
В.	Avoidance of a judicial lien or nonpossessory, nonpurchase-money	☐ Included	■ Not included
	security interest, set out in Section 8.A		
C.	Nonstandard provisions, set out in Part 12	□ Included	■ Not included

2. Funding of Plan. The debtor(s) propose to pay the Trustee the sum of \$50.00 per month for 1 month, then \$495.00 per month for 59 months.

Other payments to the Trustee are as follows:

## Case 21-30372-KLP Doc 2 Filed 02/04/21 Entered 02/04/21 13:25:28 Desc Main Document Page 2 of 18

The total amount to be paid into the Plan is \$ 29,255.00.

21 - 30372

- **3. Priority Creditors.** The Trustee shall pay allowed priority claims in full unless the creditor agrees otherwise.
  - A. Administrative Claims under 11 U.S.C. § 1326.
    - 1. The Trustee will be paid the percentage fee fixed under 28 U.S.C. § 586(e), not to exceed 10% of all sums received under the plan.
    - 2. Check one box:
  - Debtor(s)' attorney has chosen to be compensated pursuant to the "no-look" fee under Local Bankruptcy Rule 2016-1(C)(1)(a) and (C)(3)(a) and will be paid \$\_5,434.00\_, balance due of the total fee of \$\_5,434.00\_ concurrently with or prior to the payments to remaining creditors.
  - □ Debtor(s)' attorney has chosen to be compensated pursuant to Local Bankruptcy Rule 2016-1(C)(1)(c)(ii) and must submit applications for compensation as set forth in the Local Rules.
    - B. Claims under 11 U.S.C. § 507.

The following priority creditors will be paid by deferred cash payments pro rata with other priority creditors or in monthly installments as below, except that allowed claims pursuant to 11 U.S.C. § 507(a)(1) will be paid pursuant to 3.C below:

Creditor	Type of Priority	Estimated Claim	Payment and Term
Henrico County of Dept of	Taxes and certain other debts	890.00	Prorata
Tax			18 months
Internal Revenue Service	Taxes and certain other debts	3,629.00	Prorata
			18 months
Virginia Dept. of Taxation	Taxes and certain other debts	3,000.00	Prorata
			18 months

C. Claims under 11 U.S.C. § 507(a)(1).

The following priority creditors will be paid prior to other priority creditors but concurrently with administrative claims above.

<u>Creditor</u> <u>Type of Priority</u> <u>Estimated Claim</u> <u>Payment and Term</u>

- 4. Secured Creditors: Motions to Value Collateral ("Cramdown"), Collateral being Surrendered, Adequate Protection Payments, and Payment of certain Secured Claims.
  - A. Motions to Value Collateral (other than claims protected from "cramdown" by 11 U.S.C. § 1322(b)(2) or by the final paragraph of 11 U.S.C. § 1325(a)). Unless a written objection is timely filed with the Court, the Court may grant the debtor(s)' motion to value collateral as set forth herein.

This section deals with valuation of certain claims secured by real and/or personal property, other than claims protected from "cramdown" by 11 U.S.C. § 1322(b)(2) [real estate which is debtor(s)' principal residence] or by the final paragraph of 11 U.S.C. § 1325(a) [motor vehicles purchased within 910 days or any other thing of value purchased within 1 year before filing bankruptcy], in which the replacement value is asserted to be less than the amount owing on the debt. Such debts will be treated as secured claims only to the extent of the replacement value of the collateral. That value will be paid with interest as provided in sub-section D of this section. You must refer to section 4(D) below to determine the interest rate, monthly payment and estimated term of repayment of any "crammed down" loan. The deficiency balance owed on such a loan will be treated as an unsecured claim to be paid only to the extent provided in section 5 of the Plan. The following secured claims are to be "crammed down" to the following values:

Creditor	Collateral	Purchase Date	Est. Debt Bal.	Replacement Value
-NONE-				

### B. Real or Personal Property to be Surrendered.

Upon confirmation of the Plan, or before, the debtor(s) will surrender his/her/their interest in the collateral securing the claims of the following creditors in satisfaction of the secured portion of such creditors' allowed claims. To the extent that the collateral does not satisfy the claim, any timely filed deficiency claim to which the creditor is entitled may be paid as a non-priority unsecured claim. Confirmation of the Plan shall terminate the automatic stay under §§ 362(a) and 1301(a) as to

# Case 21-30372-KLP Doc 2 Filed 02/04/21 Entered 02/04/21 13:25:28 Desc Main Document Page 3 of 18

the interest of the debtor(s), any co-debtor(s) and the estate in the collateral.

<u>Creditor</u> <u>Collateral Description</u> <u>Estimated Value</u> <u>Estimated Total Claim</u>

### C. Adequate Protection Payments.

The debtor(s) propose to make adequate protection payments required by 11 U.S.C. § 1326(a) or otherwise upon claims secured by personal property, until the commencement of payments provided for in sections 4(D) and/or 7(B) of the Plan, as follows:

Creditor<br/>BD AutoCollateral<br/>2018 Chevy Malibu 69470Adeq. Protection Monthly Payment<br/>50.00To Be Paid By<br/>Trustee

Any adequate protection payment upon an unexpired lease of personal property assumed by the debtor(s) pursuant to section 7(B) of the Plan shall be made by the debtor(s) as required by 11 U.S.C. § 1326(a)(1)(B) (payments coming due after the order for relief).

### D. Payment of Secured Claims on Property Being Retained (except those loans provided for in section 6 of the Plan):

This section deals with payment of debts secured by real and/or personal property [including short term obligations, judgments, tax liens and other secured debts]. After confirmation of the Plan, the Trustee will pay to the holder of each allowed secured claim, which will be either the balance owed on the indebtedness or, where applicable, the collateral's replacement value as specified in sub-section A of this section, whichever is less, with interest at the rate provided below, the monthly payment specified below until the amount of the secured claim has been paid in full. Upon confirmation of the Plan, the valuation specified in sub-section A and interest rate shown below will be binding unless a timely written objection to confirmation is filed with and sustained by the Court.

Creditor	Collateral	Approx. Bal. of Debt or "Crammed Down" Value	Interest Rate	Monthly Payment & Est. Term
Acima	Beds	200.00	0%	Prorata 28 months
BD Auto	2018 Chevy Malibu 69470 miles	10,099.00	4.25%	Prorata 28 months
Henrico County of Dept of Tax	Personal Property Taxes	1,000.00	0%	Prorata 28 months

#### E. Other Debts.

Debts which are (i) mortgage loans secured by real estate which is the debtor(s)' principal residence, or (ii) other long term obligations, whether secured or unsecured, to be continued upon the existing contract terms with any existing default in payments to be cured pursuant to 11 U.S.C. § 1322(b)(5), are provided for in section 6 of the Plan.

### 5. Unsecured Claims.

- A. Not separately classified. Allowed non-priority unsecured claims shall be paid pro rata from any distribution remaining after disbursement to allowed secured and priority claims. Estimated distribution is approximately \_\_1\_%. The dividend percentage may vary depending on actual claims filed. If this case were liquidated under Chapter 7, the debtor(s) estimate that unsecured creditors would receive a dividend of approximately \_\_0\_%.
- B. Separately classified unsecured claims.

<u>Creditor</u> <u>Basis for Classification</u> <u>Treatment</u>

Case 21-30372-KLP Doc 2 Filed 02/04/21 Entered 02/04/21 13:25:28 Desc Main Document Page 4 of 18

6.	Mortgage Loans Secured by Real Property Constituting the Debtor(s)' Principal Residence; Other Long Term 3 7 2 at Obligations, whether secured or unsecured, to be continued upon existing contract terms; Curing of any existing
Paymen	at Obligations, whether secured or unsecured, to be continued upon existing contract terms; Curing of any existing
default	under 11 U.S.C. § 1322(b)(5).

A. Debtor(s) to make regular contract payments; arrears, if any, to be paid by Trustee. The creditors listed below will be paid by the debtor(s) pursuant to the contract without modification, except that arrearages, if any, will be paid by the Trustee either pro rata with other secured claims or on a fixed monthly basis as indicated below, without interest unless an interest rate is designated below for interest to be paid on the arrearage claim and such interest is provided for in the loan agreement. A default on the regular contract payments on the debtor(s) principal residence is a default under the terms of the plan.

Creditor	Collateral	Regular Contract_ Payment	Estimated_ Arrearage	Arrearage Interest Rate	Estimated Cure Period	Monthly Arrearage Payment
-NONE-		<u>r ayment</u>				<u>r uj mem</u>

**B.** Trustee to make contract payments and cure arrears, if any. The Trustee shall pay the creditors listed below the regular contract monthly payments that come due during the period of this Plan, and pre-petition arrearages on such debts shall be cured by the Trustee either pro rata with other secured claims or with monthly payments as set forth below.

 Creditor
 Collateral
 Regular Contract
 Estimated
 Interest Rate
 Monthly Payment on

 Payment
 Arrearage
 on
 Arrearage & Est. Term

 Arrearage
 Arrearage

-NONE-

C. Restructured Mortgage Loans to be paid fully during term of Plan. Any mortgage loan against real estate constituting the debtor(s)' principal residence upon which the last scheduled contract payment is due before the final payment under the Plan is due shall be paid by the Trustee during the term of the Plan as permitted by 11 U.S.C. § 1322(c)(2) with interest at the rate specified below as follows:

<u>Creditor</u> <u>Collateral</u> <u>Interest Rate</u> <u>Estimated Claim</u> <u>Monthly Payment & Term</u>

7. Unexpired Leases and Executory Contracts. The debtor(s) move for assumption or rejection of the executory contracts, leases and/or timeshare agreements listed below.

**A. Executory contracts and unexpired leases to be rejected.** The debtor(s) reject the following executory contracts:

<u>Creditor</u> <u>Type of Contract</u> -NONE-

**B.** Executory contracts and unexpired leases to be assumed. The debtor(s) assume the following executory contracts. The debtor(s) agree to abide by all terms of the agreement. The Trustee will pay the pre-petition arrearages, if any, through payments made pro rata with other priority claims or on a fixed monthly basis as indicated below.

CreditorType of ContractArrearageMonthly Payment for ArrearsEstimated Cure Period ArrearsHighland Woods Apartments0.000months

- 8. Liens Which Debtor(s) Seek to Avoid.
  - A. The debtor(s) move to avoid liens pursuant to 11 U.S.C. § 522(f). The debtor(s) move to avoid the following judicial liens and non-possessory, non-purchase money liens that impair the debtor(s)' exemptions. Unless a written objection is timely filed with the Court, the Court may grant the debtor(s)' motion and cancel the creditor's lien. If an objection is filed, the Court will hear evidence and rule on the motion at the confirmation hearing.

<u>Creditor</u> <u>Collateral</u> <u>Exemption Basis</u> <u>Exemption Amount</u> <u>Value of Collateral</u>

Page 4

Case 21-30372-KLP Doc 2 Filed 02/04/21 Entered 02/04/21 13:25:28 Desc Main Document Page 5 of 18

Creditor	Collateral	<b>Exemption Basis</b>	<b>Exemption Amount</b>	Value of Collateral
NONE-				21-303/2

**B.** Avoidance of security interests or liens on grounds other than 11 U.S.C. § 522(f). The debtor(s) have filed or will file and serve separate adversary proceedings to avoid the following liens or security interests. The creditor should review the notice or summons accompanying such pleadings as to the requirements for opposing such relief. The listing here is for information purposes only.

Creditor -NONE-

Type of Lien

Description of Collateral

Basis for Avoidance

#### 9. Treatment and Payment of Claims.

- All creditors must timely file a proof of claim to receive any payment from the Trustee.
- If a claim is scheduled as unsecured and the creditor files a claim alleging the claim is secured but does not timely object to confirmation of the Plan, the creditor may be treated as unsecured for purposes of distribution under the Plan. This paragraph does not limit the right of the creditor to enforce its lien, to the extent not avoided or provided for in this case, after the debtor(s) receive a discharge.
- If a claim is listed in the Plan as secured and the creditor files a proof of claim alleging the claim is unsecured, the creditor will be treated as unsecured for purposes of distribution under the Plan.
- The Trustee may adjust the monthly disbursement amount as needed to pay an allowed secured claim in full.
- If relief from the automatic stay is ordered as to any item of collateral listed in the plan, then, unless otherwise ordered by the court, all payments as to that collateral will cease, and all secured claims based on that collateral will no longer be treated by the plan.
- Unless otherwise ordered by the Court, the amount of the creditor's total claim listed on the proof of claim controls over any contrary amounts listed in the plan.
- 10. Vesting of Property of the Estate. Property of the estate shall revest in the debtor(s) upon confirmation of the Plan.

  Notwithstanding such vesting, the debtor(s) may not transfer, sell, refinance, encumber real property or enter into a mortgage loan modification without approval of the Court after notice to the Trustee, any creditor who has filed a request for notice and other creditors to the extent required by the Local Rules of this Court.
- 11. Incurrence of indebtedness. The debtor(s) shall not voluntarily incur additional indebtedness exceeding the cumulative total of \$5,000 principal amount during the term of this Plan, whether unsecured or secured, except upon approval of the Court after notice to the Trustee, any creditor who has filed a request for notice, and other creditors to the extent required by the Local Rules of this Court.
- 12. Nonstandard Plan Provisions
  - None. If "None" is checked, the rest of Part 12 need not be completed or reproduced.

Dated:	February 4, 2021	
/s/ Aisha	Shuvonda Sauls	/s/ James E. Kane
Aisha Sh	uvonda Sauls	James E. Kane 30081
Debtor		Debtor's Attorney

By filing this document, the Attorney for Debtor(s) or Debtor(s) themselves, if not represented by an attorney, also certify(ies) that the wording and order of the provisions in this Chapter 13 plan are identical to those contained in the Local Form Plan, other than any nonstandard provisions included in Part 12.

Exhibits: Copy of Debtor(s)' Budget (Schedules I and J); Matrix of Parties Served with Plan

Certificate of Service

I certify that on **February 4, 2021**, I mailed a copy of the foregoing to the creditors and parties in interest on the attached Service List.

/s/ James E. Kane James E. Kane 30081 Case 21-30372-KLP Doc 2 Filed 02/04/21 Entered 02/04/21 13:25:28 Desc Main Document Page 6 of 18

	21-30372
	P.O. Box 508 Richmond, VA 23218-0508
	Address
	804-225-9500
	Telephone No.
CERTIFICATE OF SERVI	CE PURSUANT TO RULE 7004
I hereby certify that on February 4, 2021 true copies of the following creditor(s):	forgoing Chapter 13 Plan and Related Motions were served upon the
$\square$ by first class mail in conformity with the requirements of Rul	e 7004(b), Fed.R.Bankr.P.; or
$\square$ by certified mail in conformity with the requirements of Rule	7004(h), Fed.R.Bankr.P
	/s/ James E. Kane
	James F Kane 30081

Case 21-30372-KLP Doc 2 Filed 02/04/21 Entered 02/04/21 13:25:28 Desc Main Document Page 7 of 18

								21 - 3	30372
Fill	in this information to identify your ca	ase:							
Del	otor 1 Aisha Shuvo	onda Sauls							
	otor 2 uuse, if filing)				_				
Uni	ted States Bankruptcy Court for the	: EASTERN DISTRICT	OF VIRGINIA		_				
	se number nown)		-				d filing ent showing	postpetition	
O:	fficial Form 106I							llowing date:	
	chedule I: Your Inc	ome				MM / DD/ Y	YYY		12/15
sup spo atta	as complete and accurate as possibly ing correct information. If you use. If you are separated and you ch a separate sheet to this form.  11: Describe Employment	are married and not filing w	ng jointly, and your sith you, do not include	spouse i de infori	is living wi mation abo	th you, incl out your spo	ude inform ouse. If mo	ation about re space is	your needed,
1.	Fill in your employment		Debtor 1			Dobton (	) ar nan fili		
	information.					□ Emplo		ing spouse	
	If you have more than one job, attach a separate page with information about additional	Employment status	<ul><li>■ Employed</li><li>□ Not employed</li></ul>			☐ Not employed			
	employers.	Occupation	CNA			· ·			
	Include part-time, seasonal, or self-employed work.	Employer's name	Travel Nurses In	nc					
	Occupation may include student or homemaker, if it applies.	Employer's address	9200 Arboretum Richmond, VA 2						
		How long employed t	here? 1 Month	1					
Par	Give Details About Mor	nthly Income							
	mate monthly income as of the dause unless you are separated.	ate you file this form. If	you have nothing to re	eport for	any line, w	rite \$0 in the	space. Incl	ude your noi	n-filing
	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information	n for all e	employers f	or that perso	n on the lin	es below. If	you need
					For D	Debtor 1	For Deb non-filin	tor 2 or ng spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	2,465.00	\$	N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$2	,465.00	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> .  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> .  Specify:  11. +\$  0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related <i>Data</i> , if it	Debt	or 1	Aisha Shuvonda Sauls	_	Case	number (if known)		21-3	30372
5. List all payroll deductions:  5a. Tax, Medicare, and Social Security deductions  5b. Mandatory contributions for retirement plans  5c. Voluntary contributions for retirement plans  5d. Voluntary contributions for verificant plans  5d. Voluntary contributions plans  5d. Voluntary contributions plans  5d. Voluntary contributions plans  5d. Vo					For	Debtor 1			
5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement fund loans 5c. Voluntary contributions for voluntary for the voluntary of Centari Liabilities and Related Data, if it should be provided and voluntary of Schedules and Statistical Summary of Centari Liabilities and Related Data,		Сор	y line 4 here	4.	\$	2,465.00	\$	N/A	_
5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement fund loans 5c. Voluntary contributions for voluntary for the voluntary of Centari Liabilities and Related Data, if it should be provided and voluntary of Schedules and Statistical Summary of Centari Liabilities and Related Data,	5.	List	all payroll deductions:						
55. Mandatory contributions for retirement plans 55. Voluntary contributions for retirement plans 56. S. O.00 \$ N/A 56. Required repayments of retirement fund loans 56. Insurance 57. Domestic support obligations 58. Insurance 59. Union dues 50.	-		• •	5a	\$	0.00	\$	N/A	
5.0. Voluntary contributions for retirement plans 5.1. Required repayments of retirement fund loans 5.2. Required repayments of retirement fund loans 5.3. Royalized repayments of retirement fund loans 5.4. Royalized repayments of retirement fund loans 5.5. Domestic support obligations 5.6. S 0.000 \$ N/A 5.9. Union dues 5.9. Union dues 5.9. Union dues 5.0. Add the payroll deductions. Specify: 5.1. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.000 \$ N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 2,465.00 \$ N/A 8. List all other income regularly received: 8. Net income from renal property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8. Interest and dividends 8. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8. S 0.000 \$ N/A 8. Unemployment compensation 8. S 0.000 \$ N/A 8. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance hat you receive, such as foot distamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: SNAP 8. Pension or retirement income 8. S 0.000 \$ N/A 8. Other government assistance and the value (if known) of any non-cash assistance hat you receive, such as foot distamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: SNAP  9. Pension or retirement income 8. S 0.000 \$ N/A 8. Pension or retirement income 8. Other monthly income. Add line 7 + line 9. Add the monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 1,612,000 \$ N/A 11. +\$ 0.000  Combined monthly income.  12. \$ 4,077.00  Combined monthly income.  13. Do you expect an increase or decrease within the year after you file			· · · · · · · · · · · · · · · · · · ·						_
5e. Insurance  5f. Domestic support obligations  5f. \$ 0.00 \$ N/A  5g. Union dues  5g. \$ 0.00 \$ N/A  5h. Other deductions. Specify:  5h. 4\$ 0.00 \$ N/A  7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 2,465.00 \$ N/A  7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 2,465.00 \$ N/A  8. List all other income regularly received:  8a. Net income from rental property and from operating a business, profession, or farm.  Altach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce sections, ordinary and property settlement.  8c. \$ 500.00 \$ N/A  8d. Unemployment compensation  8d. Social Security  8e. \$ 0.00 \$ N/A  8b. \$ 0.00 \$ N/A  8c. Social Security  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: SNAP  8g. Pension or retirement income  8g. \$ 0.00 \$ N/A  8g. Pension or retirement income  8h. Other monthly income. Specify: Amortized Tax Refunds  8h. \$ 580.00 \$ N/A  10. Calculate monthly income. Add lines 8a+8b+8c+8d+8d+8f+8g+8h.  9. \$ 1,612.00 \$ N/A  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  No.		5c.	Voluntary contributions for retirement plans	5c.	\$		\$		_
56. Domestic support obligations 59. Union dues 59. Union dues 59. Union dues 59. Union dues 59. S. 0.000 \$ N/A 50. Other deductions. Specify: 50. S. 0.000 \$ N/A 50. Other deductions. Specify: 50. S. 0.000 \$ N/A 50. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 2,465.00 \$ N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 2,465.00 \$ N/A 8. List all other income regularly received: 8. Ist all other income regularly received: 8. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8b. \$ 0.000 \$ N/A 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include allimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. Unemployment compensation 8c. \$ 500.00 \$ N/A 8c. Social Security 8c. \$ 500.00 \$ N/A 8c. Social Security 8c. \$ 500.00 \$ N/A 8c. Other government assistance that you regularly receive include cash assistance and the return of fifth your promeash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: SNAP 8g. Pension or retirement income 8h. Other monthly income. Specify: Amortized Tax Refunds 8h. \$ 580.00 \$ N/A 8g. Pension or retirement income 8h. Other monthly income. Add lines 8a+8b+8c+8c+8e+8e+8e+8e+8e+8e+8e+8e+8e+8e+8e+8e+8e+		5d.	Required repayments of retirement fund loans	5d.	\$		\$	N/A	_
5g. Union dues 5h. Other deductions. Specify: 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. S 0.00 \$ N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 2,465.00 \$ N/A 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8e. \$ 500.00 \$ N/A 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: SNAP 8g. Pension or retirement income 8h. Other monthly income. Specify: Amortized Tax Refunds 8h. \$ 580.00 \$ N/A 9. Add all other income. Add line 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 1,612.00 \$ N/A 9. Add all other requiar contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: Do you expect an increase or decrease within the year after you file this form?  10. Do you expect an increase or decrease within the year after you file this form?		5e.	Insurance	5e.	\$	0.00	\$	N/A	_
6h. Other deductions. Specify: 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5e+5f+5e+5h. 6. \$ 0.00 \$ N/A  7. \$ 2,465.00 \$ N/A  8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly rate income regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A  8d. Unemployment compensation 8d. \$ 0.00 \$ N/A  8d. Other government assistance that you regularly receive include cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: SNAP  8g. Pension or retirement income 8h. Other monthly income. Specify: Amortized Tax Refunds 8h. \$ 532.00 \$ N/A  8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 1,612.00 \$ N/A  10. Calculate monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 1,612.00 \$ N/A  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partn		5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A	_
6. Add the payroll deductions. Add lines 5a+5b+5d+5d+5e+5f+5g+5h.  7. Calculate total monthly take-home pay. Subtract line 6 from line 4.  7. \$ 2,465.00 \$ N/A  8. List all other income regularly received:  8a. Net income regularly and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8c. \$ 500.00 \$ N/A  8d. Unemployment compensation  8e. \$ 500.00 \$ N/A  8d. Other government assistance that you regularly receive Include cash sasistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: SNAP  8g. Pension or retirement income  8h. Other monthly income. Specify: Amortized Tax Refunds  8h. \$ 532.00 \$ N/A  8g. Pension or retirement income  8h. Other monthly income. Add line 7 + line 9.  8h. Add all other income. Add line 7 + line 9.  8h. Other monthly income. Add line 7 + line 9.  8h. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses list		-		-	· -	0.00	· · —		_
7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 2,465,00 \$ N/A  8. List all other income regularly received:  8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8e. Social Security  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (tenefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: SNAP  8g. Pension or retirement income  8h. Other monthly income. Specify: Amortized Tax Refunds  8h. 4,077.00 \$ N/A  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 1,612.00 \$ N/A  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.  10. \$ 4,077.00 + \$ N/A  11. \$ N/A  12. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. \$ 4,077.00 \$ N/A  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies.		5h.	Other deductions. Specify:	5h.+	• \$	0.00	+ \$	N/A	_
8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8c. \$ 500.00 \$ NI/A  8d. Unemployment compensation 8e. \$ 50cial Security 8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: SNAP 8g. Pension or retirement income 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 1,612.00 \$ NI/A  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	N/A	_
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8c. \$ 500.00 \$ NI/A  8d. Unemployment compensation  8e. Social Security  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: SNAP  8g. Pension or retirement income  8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 1,612.00 \$ NI/A  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00  Combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  No.	7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,465.00	\$	N/A	_
monthly net income.  8b. Interest and dividends  8b.   Interest and dividends  8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8c.   \$500.00   \$N/A    8d. Unemployment compensation  8d.   \$0.00   \$N/A    8e. Social Security  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: SNAP  8g. Pension or retirement income  8h. Other monthly income. Specify: Amortized Tax Refunds  8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9.   \$1,612.00   \$N/A    9. Add all other income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  10.   \$4,077.00   + \$N/A    11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12.   \$4,077.00    13. Do you expect an increase or decrease within the year after you file this form?	8.		Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross						
8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8c. \$ 500.00 \$ N/A  8d. Unemployment compensation 8d. \$ 0.00 \$ N/A  8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: SNAP  8g. Pension or retirement income 8g. \$ 0.00 \$ N/A  8h. Other monthly income. Specify: Amortized Tax Refunds  8h. \$ 580.00 \$ N/A  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 1,612.00 \$ N/A  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. **Sound**  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it splits and the summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it No.  11. **Sound**  12. **A,077.00**  13. Do you expect an increase or decrease within the year after you file this form?  14. **Other Data Statistical Summary of Certain Liabilities and Related Data, if it No.  Combined monthly income.  **Combined monthly income.**				8a.	\$	0.00	\$	N/A	
regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8e. Social Security  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: SNAP  8g. Pension or retirement income  8g. \$ 0.00 \$ N/A  8h. Other monthly income. Specify: Amortized Tax Refunds  8h. \$ 580.00 \$ N/A  99. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  90. \$ 1,612.00 \$ N/A  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  13. Do you expect an increase or decrease within the year after you file this form?		8b.		8b.	\$		\$		_
settlement, and property settlement.  8d. Unemployment compensation  8d. \$ 0.00 \$ N/A  8e. Social Security  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: SNAP  8g. Pension or retirement income  8g. \$ 0.00 \$ N/A  8h. Other monthly income. Specify: Amortized Tax Refunds  8h. \$ 580.00 \$ N/A  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 1,612.00 \$ N/A  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  13. Do you expect an increase or decrease within the year after you file this form?		8c.	regularly receive	:					_
8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: SNAP 8g. Pension or retirement income 8h. Other monthly income. Specify: Amortized Tax Refunds 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$1,612.00 \$N/A  10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  No.				8c.	\$	500 00	\$	N/A	
8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: SNAP  8g. Pension or retirement income 8h. Other monthly income. Specify: Amortized Tax Refunds  8h. \$ 532.00 \$ N/A  8h. Other monthly income. Specify: Amortized Tax Refunds  8h. \$ 580.00 \$ N/A  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 1,612.00 \$ N/A  10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  13. Do you expect an increase or decrease within the year after you file this form?		8d.			· · —		· ·		_
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: SNAP  8g. Pension or retirement income 8h. Other monthly income. Specify: Amortized Tax Refunds 8h. Other monthly income. Specify: Amortized Tax Refunds 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$1,612.00 \$N/A  10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  No.		8e.		8e.	\$		\$		_
8h. Other monthly income. Specify: Amortized Tax Refunds  8h. + \$ 580.00 + \$ N/A  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. \$ 4,077.00 Combined monthly income.  13. Do you expect an increase or decrease within the year after you file this form?		8f.	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		\$	532.00	\$	N/A	_
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$\frac{1,612.00}{\\$}\$ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		8g.	Pension or retirement income	8g.	\$	0.00	\$	N/A	_
10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J.  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  13. Do you expect an increase or decrease within the year after you file this form?  No.		8h.	Other monthly income. Specify: Amortized Tax Refunds	8h.+	\$	580.00	+ \$	N/A	_
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  Combined monthly income  13. Do you expect an increase or decrease within the year after you file this form?  No.	9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,612.00	\$	N/A	4
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +\$  0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  13. Do you expect an increase or decrease within the year after you file this form?  No.	10.		•	10. \$		4,077.00 + \$	l	<b>N/A</b> = \$	4,077.00
<ul> <li>12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies</li> <li>12. \$ 4,077.00</li> <li>13. Do you expect an increase or decrease within the year after you file this form?</li> <li>No.</li> </ul>	11.	Incluothe Do r	ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not	depen					0.00
Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12.   4,077.00  Combined monthly income  No.		- [- ]	·						0.00
13. Do you expect an increase or decrease within the year after you file this form?  ■ No	12.	Write	e that amount on the Summary of Schedules and Statistical Summary of Certa					12. \$	4,077.00
13. Do you expect an increase or decrease within the year after you file this form?  No.									
☐ Yes. Explain:	13.	_ ′	, ,	?				monthi	у іпсоте
			Yes. Explain:						

Official Form 106l Schedule I: Your Income page 2

Case 21-30372-KLP Doc 2 Filed 02/04/21 Entered 02/04/21 13:25:28 Desc Main Document Page 9 of 18

Fill	in this information to identify your case:				21-30372
Deb	otor 1 Aisha Shuvonda Sauls		Che	eck if this is:	
				An amended filing	
l	ouse, if filing)			A supplement show 13 expenses as of	ving postpetition chapter the following date:
11	and Chatan Bankarakan Count for the street FACTERN DISTRICT OF VIDCINI	MM / DD / YYYY			
Unii	ted States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINI	IA		MIMI / DD / YYYY	
l	se numbersnown)				
(	,				
$\bigcirc$	fficial Form 106J				
	chedule J: Your Expenses				12/15
	as complete and accurate as possible. If two married people are	e filing together, bo	oth are equ	ually responsible fo	
	ormation. If more space is needed, attach another sheet to this f mber (if known). Answer every question.	form. On the top of	any addit	ional pages, write y	our name and case
	t 1: Describe Your Household				
1.	Is this a joint case?				
	■ No. Go to line 2.				
	Yes. Does Debtor 2 live in a separate household?				
	☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses</i>	for Separate House	<i>hold</i> of Del	otor 2.	
2.	Do you have dependents? ☐ No				
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state the				□ No
	dependents names.	Daughter		8	Yes
		Son		15	□ No ■ X
		3011			■ Yes □ No
		Son		18	■ Yes
					□ No
3.	Do your expenses include ■ No.				☐ Yes
J.	expenses of people other than yourself and your dependents?				
	t 2: Estimate Your Ongoing Monthly Expenses				
exp	timate your expenses as of your bankruptcy filing date unless your expenses as of a date after the bankruptcy is filed. If this is a suppolicable date.				
	lude expenses paid for with non-cash government assistance if				
	ficial Form 106I.)	our income		Your expe	enses
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	nclude first mortgage	4.	\$	1,095.00
	If not included in line 4:				
	4a. Real estate taxes		4a.	\$	0.00
	4b. Property, homeowner's, or renter's insurance		4b.	:	0.00
	4c. Home maintenance, repair, and upkeep expenses		4c.	· ———	100.00
5.	<ul> <li>4d. Homeowner's association or condominium dues</li> <li>Additional mortgage payments for your residence, such as hor</li> </ul>	me equity loans	4d. 5.		0.00

# Case 21-30372-KLP Doc 2 Filed 02/04/21 Entered 02/04/21 13:25:28 Desc Main Document Page 10 of 18

Deb	tor 1	Aisha Sh	uvonda Sauls		Case num	ber (if known)	21-30372
6.	Utiliti	ies:					
	6a.	Electricity,	heat, natural gas		6a.	\$	290.00
	6b.	Water, sev	ver, garbage collection		6b.	\$	60.00
	6c.	Telephone	, cell phone, Internet, sate	ellite, and cable services	6c.	\$	100.00
	6d.	Other. Spe	cify: Cell phones		6d.	\$	350.00
7.	Food		keeping supplies		7.	\$	700.00
8.	Child	care and c	hildren's education cost	ts	8.	\$	0.00
9.	Cloth	ning, laund	y, and dry cleaning		9.	\$	125.00
10.	Perso	onal care p	roducts and services		10.	\$	100.00
		-	ital expenses	11.	\$	50.00	
	12. <b>Transportation.</b> Include gas, maintenance, bus or train fare.						
			r payments.	-,	12.	\$	200.00
13.	Enter	rtainment,	clubs, recreation, newsp	papers, magazines, and books	13.	\$	200.00
14.	Chari	itable cont	ibutions and religious d	Ionations	14.	\$	0.00
15.	Insur	rance.					
	Do no	ot include ir	surance deducted from yo	our pay or included in lines 4 or 20.			
		Life insura			15a.	·	0.00
	15b.	Health ins	ırance		15b.	\$	0.00
	15c.	Vehicle in:	surance		15c.	\$	245.00
	15d.	Other insu	rance. Specify:		15d.	\$	0.00
16.			clude taxes deducted from	n your pay or included in lines 4 or 20.			
	Speci	·			16.	\$	0.00
17.			ase payments:				
			ents for Vehicle 1		17a.	·	0.00
			ents for Vehicle 2		17b.	*	0.00
		Other. Spe			17c.	\$	0.00
		Other. Spe			17d.	\$	0.00
18.				e, and support that you did not report a		¢	0.00
40				dule I, Your Income (Official Form 106I)	) <b>.</b> 18.	\$	
19.			you make to support of	thers who do not live with you.	40	\$	0.00
20	Speci		utu aynanaaa nat inaliid	led in lines 4 or 5 of this form or on Scl	19.	Incomo	
20.			on other property	ied in lines 4 or 5 or this form or on 5 <i>ci</i>	20a.		0.00
		Real estat			20a. 20b.		0.00
			iomeowner's, or renter's ir	nouronoo	20b. 20c.	· ·	0.00
			ce, repair, and upkeep ex		20d. 20d.		
			er's association or condon	•	20u. 20e.	·	0.00
0.4			ers association of condon	minium dues		·	0.00
21.	Otne	r: Specify:			21.	+\$	0.00
22.	Calcu	ulate your	nonthly expenses				
		-	through 21.			\$	3,615.00
	22b. (	Copy line 2	2 (monthly expenses for D	ebtor 2), if any, from Official Form 106J-2	2	\$	, ,
			and 22b. The result is yo			\$	3,615.00
	,	rtaa iirio 22	tana 225. The recall to ye	our menuny expended.			3,013.00
23.		•	nonthly net income.				
				ly income) from Schedule I.	23a.	\$	4,077.00
	23b.	Copy your	monthly expenses from lir	ne 22c above.	23b.	-\$	3,615.00
	23c.		our monthly expenses from		220	œ.	462.00
		The result	is your monthly net incom	ne.	23c.	\$	702.00
24.	For ex	kample, do yo ication to the		in your expenses within the year after your car loan within the year or do you expect yo			or decrease because of a
			Evolain here:				

■ No.	
□ vac	Explain here:

1st Investers 380 Interstate North Parkway Sutie 300 Atlanta, GA 30339

Acima 13907 Minuteman Dr 5th Floor Draper, UT 84020

Acs/clc College Loan C

Acs/college Loan Corp 501 Bleecker St Utica, NY 13501

Afni 1310 Martin Luther King Dr Bloomington, IL 61701

After Pay Level 5/406 Collins St Melbourne VIC 3000

Alliance One Attn: Bankruptcy Po Box 2449 Gig Harbor, WA 98335

America Infosource Verizon PO Box 248838 Oklahoma City, OK 73124

American Medical Collection Ag 4 Westchester Plaza Elmsford, NY 10523

AmSher Collection Srv 4524 Southlake Parkway Suite 15 Hoover, AL 35244

AmSher Collections 4524 Southlake Parkway Suite 15 Birmingham, AL 35244-3271

Bank of America 1100 North King St Wilmington, DE 19884

BD Auto 4218 Jefferson Davis Hwy, Richmond, VA 23234

Bon Secours ATTN: Bankruptcy PO Box 409553 Atlanta, GA 30384

Bristol West Casualty Ins. Co. 5701 Stirling Road Fort Davie, FL 33314

CG Belcor LLC 100 W FRANKLIN ST STE 100 Richmond, VA 23220

Check City 2729 B West Broad Street Richmond, VA 23220

City of Richmond-Utilities 900 E. Broad St. Room 115 Richmond, VA 23219

Comenity Bank PO Box 182789 Columbus, OH 43218

Comenity Bank/Lane Bryant Po Box 18215 Columbus, OH 43218

Convergent Outsoucing, Inc Po Box 9004 Renton, WA 98057

County of Henrico Andrew R. Newby P.O. Box 90775 Henrico, VA 23273

County of Henrico Public Util PO BOX 90775 Henrico, VA 23273

Credit One Bank
P.O. Box 60500
City of Industry, CA 91716

Credit Union of Richmond 1601 Ownby Lane Richmond, VA 23220

Creek Wood Townhomes 430 Airport Court Henrico, VA 23075

Department of Veterans Affair 1201 Broad Rock Blvd Richmond, VA 23224

Dominion Power
P. O. Box 2666
ATTN Consumer Credit 18th Fl.
Richmond, VA 23261

East End VA Orthoeontics 45 West Williamsburg Road Sandston, VA 23150

Edward S. Whitlock, Esq. 10160 Staples Mill Road, #105 Glen Allen, VA 23060

ERC/Enhanced Recovery Corp 8014 Bayberry Rd Jacksonville, FL 32256

Fifth Street Baptist Church 2800 Third Avenue

Fletchers Jewelers PO Box 41007 Norfolk, VA 23541-9907

Gunst Real Estate LLC 8545 Patterson Ave Henrico, VA 23229

Hanover General District Court 7530 County Complex Rd. Hanover, VA 23069

Henrico County General Dist. 4301 E. Parham Road Henrico, VA 23228

Henrico County of Dept of Tax P.O. Box 90775 Henrico, VA 23273

Henrico County of Dept of Util P.O. Box 90775 Henrico, VA 23273

Henrico District Office 1610 Forest Avenue Suite 200 Henrico, VA 23229

Henrico Federal Credit Union 9401 West Broad Street Henrico, VA 23294

Highland Woods Apartments 583 E. Beal Street Henrico, VA 23075

Hopewell General District 100 East Broadway Hopewell, VA 23860

IC Systems, Inc 444 Highway 96 East Po Box 64378 St Paul, MN 55164

Internal Revenue Service Centralized Insolvency Operati P. O. Box 7346 Philadelphia, PA 19101-7346

Kenney Wilborn Realty 109 W. Nine Mile Road Henrico, VA 23075

Luther Sales 129 Oser Avenue Hauppauge, NY 11788

MCV Collection Department PO Box 980462 Richmond, VA 23298

MCV Physicians P.O. Box 91747 Richmond, VA 23291

Midland Credit Managbement Inc P.O. Box 60578 Los Angeles, CA 90060-0578

Navient Attn: Claims Dept Po Box 9500 Wilkes-Barr, PA 18773

New Kent General District Cour 12001 Courthouse Circle New Kent, VA 23124

NPRTO South-East LLC 256 West Data Drive Draper, UT 84020

Peritus Portfolio PO BOX 141419 Irving, TX 75014

Pocahantas Parkway PO Box 7693 Henrico, VA 23231

Prestige Financial Service PO Box 26707 Salt Lake City, UT 84126

Progressive Leasing 256 West Data Drive Draper, UT 84020

Quantum3 Group, LLC PO Box 788 Kirkland, WA 98083

Richmond Christian School 6511 Belmont Rd Chesterfield, VA 23832

Richmond City District Court 400 N 9th St #203 Richmond, VA 23219

Southwest Credit Systems 4120 International Parkway Suite 1100 Carrollton, TX 75007

Sprint Bankruptcy PO Box 7949 Overland Park, KS 66207

TACS
P O Box 31800
Henrico, VA 23294

The Village at Fair Oaks Owner Godwin-Jones & Price, PC 20 S. Auburn Ave Richmond, VA 23221

University Of Phoenix 4615 E Elwood St Fl 3 Phoenix, AZ 85040

Us Dept of Ed/Great Lakes Educational Lo 2401 International Madison, WI 53704

Usa Discounters Credit Po Box 8008 Attn: Bankruptcy Department Virginia Beach, VA 23450

USAA 9800 Fredericksburg Rd. San Antonio, TX 78288

Verizon Virginia 500 Technology Drive Suite 300 Weldon Springs, MO 63304

Verizon Wireless P.O. Box 25505 Lehigh Valley, PA 18002

Virginia Dept. of Taxation P O Box 2156 Richmond, VA 23218

Westlake Financial 4751 Wilshire Blvd Suite 100 Los Angeles, CA 90010

Why Not Lease It 1750 Elm Street Ste 1200 Manchester, NH 03104

# Case 21-30372-KLP Doc 2 Filed 02/04/21 Entered 02/04/21 13:25:28 Desc Main Document Page 18 of 18

21-30372

Woodforest National Bank PO Box 7889 Spring, TX 77387

YMCA or Richmond Child Dev Cnt 6 North 5th Street Richmond, VA 23219